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## FEC FORM 2

## STATEMENT OF CANDIDACY

<b>~</b> .	e of Candidate (in full)										
Sch	weikert, David, S., ,										
	ess (number and street) 19 E Sycamore Dr	☐ Check if address changed		Candidate's FEC Identification Number     H4AZ06045							
(c) City,	State, and ZIP Code					3. Is This		lew	Amended		
Fou	ıntain Hills		AZ	8526	8-4331	Statem	ent 🗶 (I	N) OR	(A)		
4. Party Aff	filiation	5. Office Soug	ht		6. State & Dist	rict of Candida	ate				
REPUE	BLICAN PARTY	House			AZ	06					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7. I hereby	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s). (year of election)										
NOTE: T	This designation should be	iled with the ap	propriate offic	e listed in the	ne instructions.						
(a) Nam	e of Committee (in full)										
Fri	iends of David Sc	hweikert									
	ess (number and street) Box 15785										
(c) City,	State, and ZIP Code										
Ph	oenix				AZ	85060-	-5785				
	DE	SICNATIO	N OE OTL	JED AII	THORIZED	COMMIT	TEEC				
	DE				g Representative		IEES				
8. I hereby candidad	authorize the following nar	ned committee,	which is NOT	my principa	al campaign con	nmittee, to red	ceive and ex	kpend funds	on behalf of my		
carialaa	oy.										
NOTE: ⊺	This designation should be	iled with the pri	ncipal campai	ign committe	NOTE: This designation should be filed with the principal campaign committee.						
` ,	e of Committee (in full)										
Ta	ike Back The Hou	se 2020									
		se 2020									
(b) Addr	ess (number and street)	se 2020									
(b) Addr		se 2020									
(b) Addr PO I	ess (number and street) Box 30844	se 2020									
(b) Addre PO I	ess (number and street) Box 30844  State, and ZIP Code	ise 2020			MD	00004	0044				
(b) Addre PO I	ess (number and street) Box 30844	se 2020			MD	20824-	0844				
(b) Addre PO I	ess (number and street) Box 30844  State, and ZIP Code										
(b) Addre PO I	ess (number and street) Box 30844  State, and ZIP Code		ement and to	the best of				t and compl	lete.		
(b) Addr PO I (c) City, Bet	ess (number and street) Box 30844  State, and ZIP Code		ement and to	the best of				t and compl	lete.		
(b) Addr PO I (c) City, Bet	ess (number and street) Box 30844  State, and ZIP Code thesda  I certify that I have exact		ement and to		my knowledge a	and belief it is	true, correc	t and compl	lete.		
(b) Addright PO I	ess (number and street) Box 30844  State, and ZIP Code thesda  I certify that I have exact		ement and to			and belief it is	true, correc	t and compl	ete.		
(b) Addright PO I	ess (number and street) Box 30844  State, and ZIP Code thesda  I certify that I have exact		ement and to		my knowledge a	and belief it is	true, correc	t and compl	lete.		
(b) Addri PO I (c) City, Bet Signature of Schweikert,	ess (number and street) Box 30844  State, and ZIP Code thesda  I certify that I have exact	mined this Stat		[Elect	my knowledge a	Date 02/27/201	true, correc				
(b) Addri PO I (c) City, Bet Signature of Schweikert,	ess (number and street) Box 30844  State, and ZIP Code thesda  I certify that I have exa of Candidate David, S., ,	mined this Stat		[Elect	my knowledge a	Date 02/27/201	true, correc				
(b) Addri PO I (c) City, Bet Signature of Schweikert,	ess (number and street) Box 30844  State, and ZIP Code thesda  I certify that I have exa of Candidate David, S., ,	mined this Stat		[Elect	my knowledge a	Date 02/27/201	true, correc				

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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Page	<sup>2</sup> Of	_	

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES** 

(Including Joint Fundraising Representatives)							
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	SCHWEIKERT VICTORY COMMITTEE						
	(b) Address (number and street) PO Box 30844						
	(c) City, State, and ZIP Code						
	Bethesda	MD	20824-0844				
}.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaid	. •	mmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	David Schweikert for Congress						
	(b) Address (number and street) PO Box 30844						
	(c) City, State, and ZIP Code						
	Bethesda	MD	20824-0844				
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campai		mmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	McSally Schweikert Victory Committee						
	(b) Address (number and street) 824 S Milledge Ave						
	Ste 101						
	(c) City, State, and ZIP Code						
		GA	30605-1332				
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campai		mmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City. State, and ZIP Code						